C. Installation's EPA ID Number

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For Official Use Only																							
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Installation's EPA ID Number								Approved (yr. mo. day)					510										
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I. Name of Installation												i de											
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II. Installation Mailing Ac	drag					Mostic.																	
Street or P.O. Box																							
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III. Location of Installation Street or Route Number																							
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V. Installation Contact									V				11/										
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V. Ownership														4.						11			
c	A. N	Vame	of Ir	stall	ation	's Le	gal O	wnei	_		ı	1	T	-	\Box	8.	Тур	of C				er co	le)
R														.		0	OK	20	`(P	11		
VI. Type of Regulated Wa	ste	Acti	vity	(Ma	ark '	X' ii	n the	ap	orop	riate	box	es.	Refe	r to	insti	ruct	ion	s.)		:			
A. Hazarde	W suc	aste	Acti	vity											d Oil				38				
☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo. ☐ 2. Transporter								6.0	H-Sp	ecific	ation	User	d Oil F	Fuel	have	3		1900	72	1773	71		
☐ 3. Treater/Storer/Disposer							(enter 'X' and mark appropriate boxes before)																
4. Underground Injection																							
5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)							APR 1 7 1989																
a. Generator Marke							1,	•	7. Specification Used Oil Fuel Marketer for DIPAGTE MAANAGEIMS														
b. Other Marketer									W	/ho F	irst C	laima	the	Oil M	eets	the	Speci	ifir	p	ROG	RAR	1	
VII. Waste Fuel Rurning: Type of Combustion Device (
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)																							
A. Utility Boiler B. Industrial Boiler C. Industrial Furnace																							
VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) □ A. Air □ B. Rail □ C. Highway □ D. Water □ E. Other (specify)																							
IX. First or Subsequent Notification																							
Mark 'X' in the appropriate boy	to ind	icata	who	other	this	is vo	our in	stall	tion'	s firs	t not	ficat	ion of	haz	ardou	9 44-	1010	activi	ity or		heer	uleo.	
notification. If this is not your firs	t notif	licatio	on, e	nter	Your	insta	llatio	n's E	PA ID	Nun	ber i	n the	Spac	e pro	vided	belo	w.		01	- 3	-v= c Q	ineur	

			ID - For Official Use Only											
	,		C	i.		1/4								
X. [Description	of Hazardous Wastes (continued from	front)										
Α.	A. Wastes from Monspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 281.31 for each listed hazardous vaste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A. B. or C													
	from nonspecific	sources your installation handles. Below	each number, enter month	ly generation anou	Water and the same	requency code A. B. or C								
	WASTE ID #													
	AMOUNT AND FREQUENCY	1bs.	lbs.		lbs.	lbs.								
В.	2													
	specific sources your installation handles. Below each number enter the monthly generation amount in pounds and frequency code A, B or C													
	WASTE ID #													
	AMOUNT AND FREQUENCY	1bs.	1bs.		lbs.	lbs	Company of the Compan							
C. Connercial Chemical Product Wastes (V and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance														
your installation handles which may be a hazardous waste. Below each number, enter monthly generation amount in pounds and frequency A B. or C.														
- 0	WASTE ID #													
	AMOUNT AND FREQUENCY	lbs	lbs.	:	1bs	lhs								
p. (Reserved)														
E.	wastes your instr expressed in pour	s of Honlisted Mazardous Vastes. Ha allation handles. (See 40 CFR Parts 261. nds and generation frequency code A, B, 1. Ignitable (D001)	21 - 261.24) Below each or C.		k, enter the month									
	UNT AND QUENCY	4. Toxic Enter the four-dig	it number which ide the monthly generat	ion amount and	frequency.	oxic waste Below								
		MISSOUR	I REQUIRED I	NFORMATION										
MO Generator ID Number														
Principle Business Activity														
S.I.C. Code (leave blank if uncertain)														
<u>:</u>	Check thi	s box if you generate/ad	cumulate less th	nan a regul	ated quanti	у Ц								
XI. Certification														
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.														
	Signature X Tog	of C. Thomas	Name And Official Title X ROGER C. 7	(Type Or Print) HOMAS	OPERATION. MANAGER	S Date Signed 4-13-89								